An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

Newsletter

Number 100 ***February 12, 2001***

In This Issue...

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1-800-688-6696 or 919-851-8888

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with drug rebate agreements. They are listed by Manufacturer code, the first five digits of the NDC.

Additions

The following labelers have entered into drug rebate agreements and joined the drug rebate program effective on the dates indicated below:

Code	Manufacturer	Date
31096	D & K Healthcare Resources, Inc.	12/22/2000
50434	Heran Pharmaceutical Co., Inc.	1/16/2001
51645	Gemini Pharmaceuticals, Inc	12/11/2000
58728	Peters Laboratories, Inc.	1/17/2001
64875	Danco Laboratories, LLC	1/21/2001
65234	Amarin Pharmaceuticals, Inc.	1/29/2001
65271	Aslung Pharmaceutical LP	12/29/2000
65694	DrugAbuse Sciences, Inc.	1/18/2001

MAC List Deletion

Effective January 26, 2001, the following drug product was deleted from the Medicaid Drug Federal Upper Limits:

Propoxyphene Hydrochloride 65mg, Capsule, Oral, 100

Diabetic Supplies

Insulin syringes and other diabetic supplies are covered under the DME program and not the pharmacy program. These products are vital to the proper control of diabetes and the recipient should not be told that these items are not covered. The recipient should be referred to a DME provider if the current pharmacy provider is not enrolled as a DME provider. It is the responsibility of the pharmacist to always advise patients where to best obtain proper healthcare services.

Pharmacy Adjustment Form

Attached is the Pharmacy Adjustment Form. The form is intentionally off center to allow space for an internal scanning code to be placed down the right side. This form should be used for all pharmacy adjustments. This form may be reproduced.

PHARMACY ADJUSTMENT REQUEST

MAIL TO:

EDS CORPORATION
POST OFFICE BOX 300009
RALEIGH, NORTH CAROLINA 27622

ATTN: ADJUSTMENT UNIT

RECIPIENT MEDICAID NUMBER

PHARMACY NAME AND PROVIDER NUMBER

RECIPIENT NAME
LAST FIRST
MIDDLE

PLEASE PRINT OR TYPE (BLACK OR DARK BLUE ONLY) LIST INFORMATION AS GIVEN ON RA

0

Rx NUMBER		NDC	QUANTITY	BILLED AMOUNT

DATE FILLED MO DAY YR	CLAIM NUMBER	DENIAL EOB	INS PAID

ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT) | PAID AMOUNT

1

Rx NUMBER	DRUG NAME-STRENGTH-DOSAGE-MFG	NDC	QUANTITY	BILLED AMOUNT

DATE FILLED MO DAY YR	CLAIM NUMBER	DENIAL EOB	INS PAID

ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT) | PAID AMOUNT

2

Rx NUMBER	DRUG NAME-STRENGTH-DOSAGE-MFG	NDC	QUANTITY	BILLED AMOUNT

DATE FILLED MO DAY YR	CLAIM NUMBER	DENIAL EOB	INS PAID

ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT) | PAID AMOUNT

3

Rx NUMBER	DRUG NAME-STRENGTH-DOSAGE-MFG	NDC	QUANTITY	BILLED AMOUNT

DATE FILLED MO DAY YR	CLAIM NUMBER	DENIAL EOB	INS PAID

ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT) | PAID AMOUNT

"This is to certify that the foregoing information is true, accurate, and complete. I understand that payment will be from Federal and State funds, and that any false claims, statements, or documents, or concealment, of a material fact, may be prosecuted under applicable Federal or State laws."

X_____
CLAIMANT SIGNATURE DATE

IMPORTANT: THIS FORM WILL BE RETURNED IF THE REQUIRED INFORMATION AND DOCUMENTATION FOR PROCESSING IS NOT PRESENT.

FORM NO. 372-200 (REVISED 5-2000)

Checkwrite Schedule

February 6, 2001	March 6, 2001	April 10, 2001
February 13, 2001	March 13, 2001	April 17, 2001
February 22, 2001	March 20, 2001	April 26, 2001
	March 29, 2001	

Electronic Cut-Off Schedule

February 2, 2001	March 2, 2001	April 6, 2001
February 9, 2001	March 9, 2001	April 12, 2001
February 16, 2001	March 16, 2001	April 20, 2001
	March 23, 2001	

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

_____
Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Health and Human Services

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John W. Tsikerdanos
Executive Director
EDS

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